

# STATE OF MAINE

## APPLICATION FOR A RADIOACTIVE MATERIAL LICENSE

**INSTRUCTIONS:** *This application complies with the license requirements of Section C of the State of Maine Rules Relating to Radiation Protection (SMRRRP). Complete items 1 through 12 as specified in Section C.7.E of the SMRRRP. Supplemental sheets will be needed for items 5 through 11. Mail the completed application to: Radiation Control Program, 11 State House Station, Augusta, Maine, 04333-0011. Telephone:(207) 287-5676; Facsimile:(207) 287-3059; [www.maineradiationcontrol.org](http://www.maineradiationcontrol.org)*

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**1. THIS IS AN APPLICATION FOR (check one)**

NEW LICENSE	LICENSE NUMBER (leave blank)
RENEWAL of license number >	
AMENDMENT of license number >	

**2. NAME AND MAILING ADDRESS OF APPLICANT**

**3. ADDRESS WHERE MATERIAL WILL BE USED AND/OR STORED.**

PHONE:

PHONE:

**4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

*For items 5 through 11, submit the requested information on standard size paper. Answer all items. For any that do not apply, answer by giving the item number with "not applicable" after it.*

**5. RADIOACTIVE MATERIAL:** provide the following information; A. element and mass number for each, B. chemical and/or physical form, and C. maximum amount of possession at any one time. NOTE: for sealed sources include manufacturer, model number, and maximum activity of the source. (include calibration date if applicable)

**6. PURPOSES FOR WHICH THE MATERIAL WILL BE USED:** Provide a description for which each source will be used. For sealed source devices and/or storage containers include manufacturer, model number, and distributor for each in possession.

**7. INDIVIDUAL(S) RESPONSIBLE FOR THE RADIATION SAFETY PROGRAM:** Also include their training and experience as well as a telephone number where they can be contacted. (HHE 851)

Name:	Telephone:	Fax:	e-mail:
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**8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.** Training certificates and HHE form 851.

- 9. FACILITIES AND EQUIPMENT:** Provide a description of the facility where the source(s) will be used and/or stored. For all facilities listed describe shielding (if required), storage areas, containers and equipment for handling radioactive material. If the radioactive material is used in the form of a gas and/or aerosol, or use causes the generation of radioactive dusts and/or fumes, provide a description of the ventilation systems. **Provide a sketch of the facility where source(s) will be stored and/or used and highlight restricted areas.**
- 10. RADIATION SAFETY PROGRAM:** Describe the radiation safety program. Listing of individuals supervising use of the source(s), training records for these persons (HHE 851), administrative control measures; i.e. personnel dosimetry, and training programs in use of radioactive materials. Procedures for leak testing of sealed sources must be included here.
- 11. WASTE MANAGEMENT:** Provide a description of your radioactive waste management program. This should include a description of wastes, amounts generated and form, and disposal method; i.e. waste broker, decay onsite, etc. If a commercial waste broker is used, provide the broker's name.
- 12. CERTIFICATION:** The applicant and any official executing this certificate on behalf of the applicant named in item 2, certify that this application is prepared in conformity with the State of Maine Rules Relating to Radiation Protection and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

TITLE: \_\_\_\_\_ TYPED/PRINTED NAME: \_\_\_\_\_